



# **COUNSELLING IN FAMILY MEDICINE**

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# OBJECTIVES

- RECOGNIZE WHAT IS COUNSELLING
- APPRECIATE THEORIES AND APPROACHES TO COUNSELLING
- RECOGNIZE VALUES IN COUNSELLING
- APPLICATION OF KNOWLEDGE ON AN EXAMPLES

# OVERVIEW

- DEFINITION OF COUNSELLING
- AIMS OF COUNSELLING
- DIFFERENT APPROACHES
  - \* PSHYCODYNAMIC
  - \* HUMANISISTIC
  - \* BEHAVIORAL
- PHASES OF COUNSELLING
- VALUES IN COUNSELLING
- COUNSELLING IN PRACTICE

**WHAT IS COUNSELLING?**

# IS T?

- AN ADVICE
- MOTIVATION
- JUDGMENT ABOUT BEHAVIOR
- HELPING OTHERS
- INTERACTION
- INTERVIEW
- CONFRONTATION
- CONVERSATION
- FACILITATION
- EMPATHY





**Advice given to someone**

## **Simple Definition of COUNSELING**

advice and support that is given to people to help them deal with problems, make important decisions, etc.



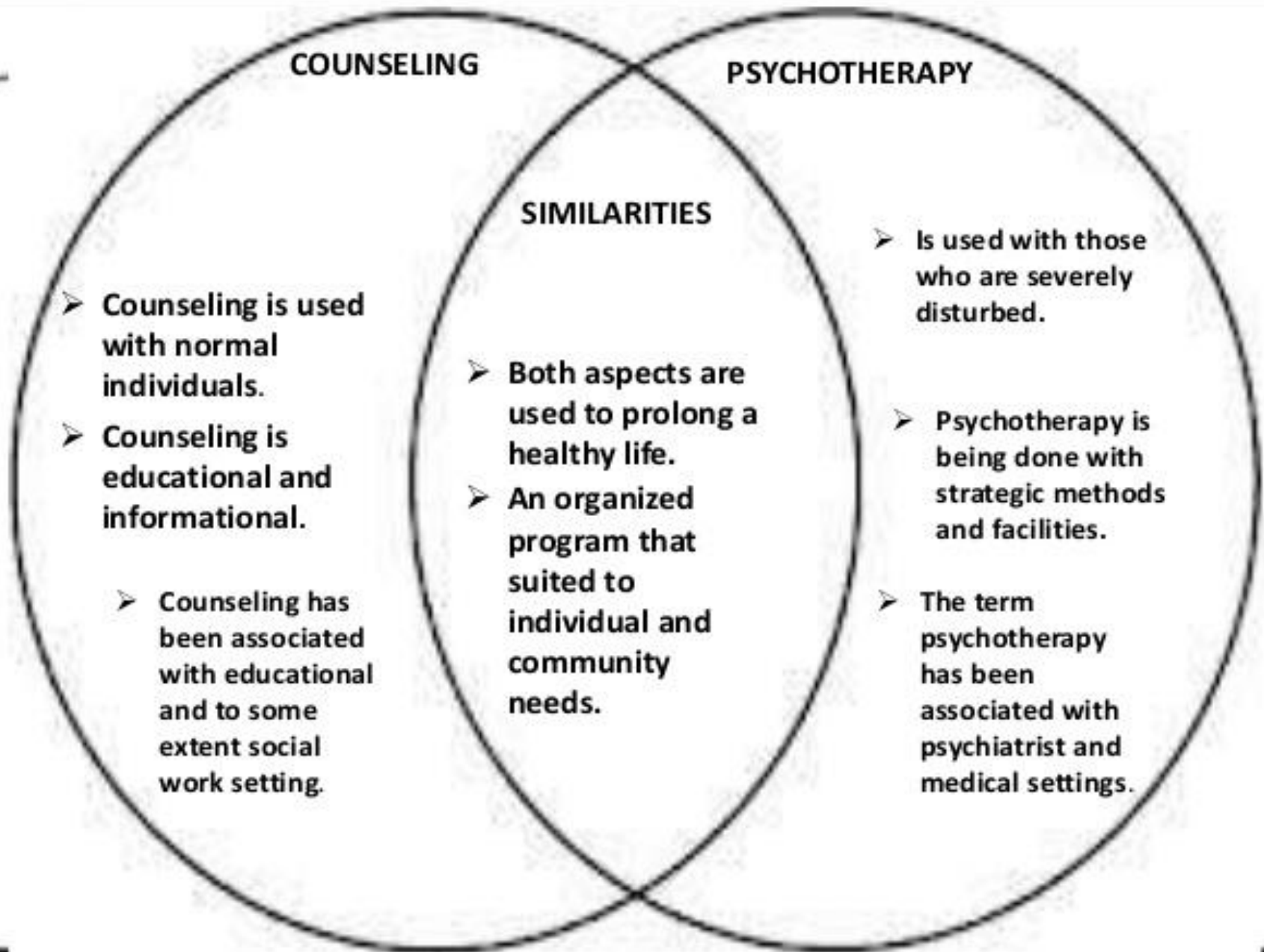
To give advice, especially on social or personal problems

Counselling is **an interactive process** between the skilled attendant/ health worker/counselor and a client/patient during which **information is exchanged** and **support is provided** so that the client , design a plan and take action to improve their health.



According to the Psychotherapy and Counselling Federation of Australia ([PACFA](#)):

*“Psychotherapy and Counselling are professional activities that utilise an **interpersonal relationship** to enable people to **develop self understanding** and to make **changes** in their lives.”*



## ...counseling vs psychotherapy



“Counselling is a **structured** conversation aimed at **facilitating** a client’s quality of life in the face of adversity”.

**Structured** :Not social

**Conversation**: Dialouge and interaction

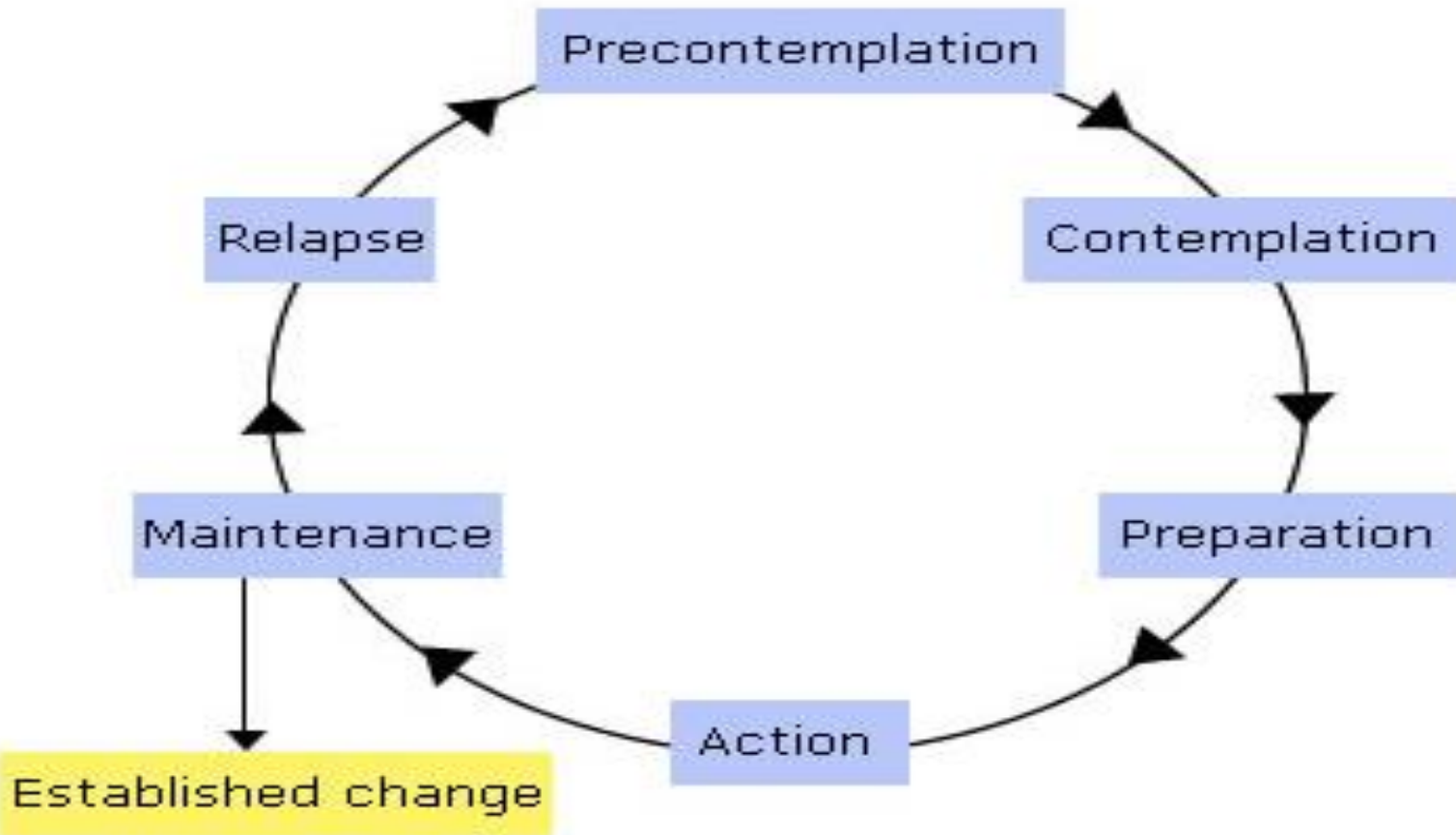
**Facilitative**: Rather than prescriptive

# AIMS OF COUNELLING

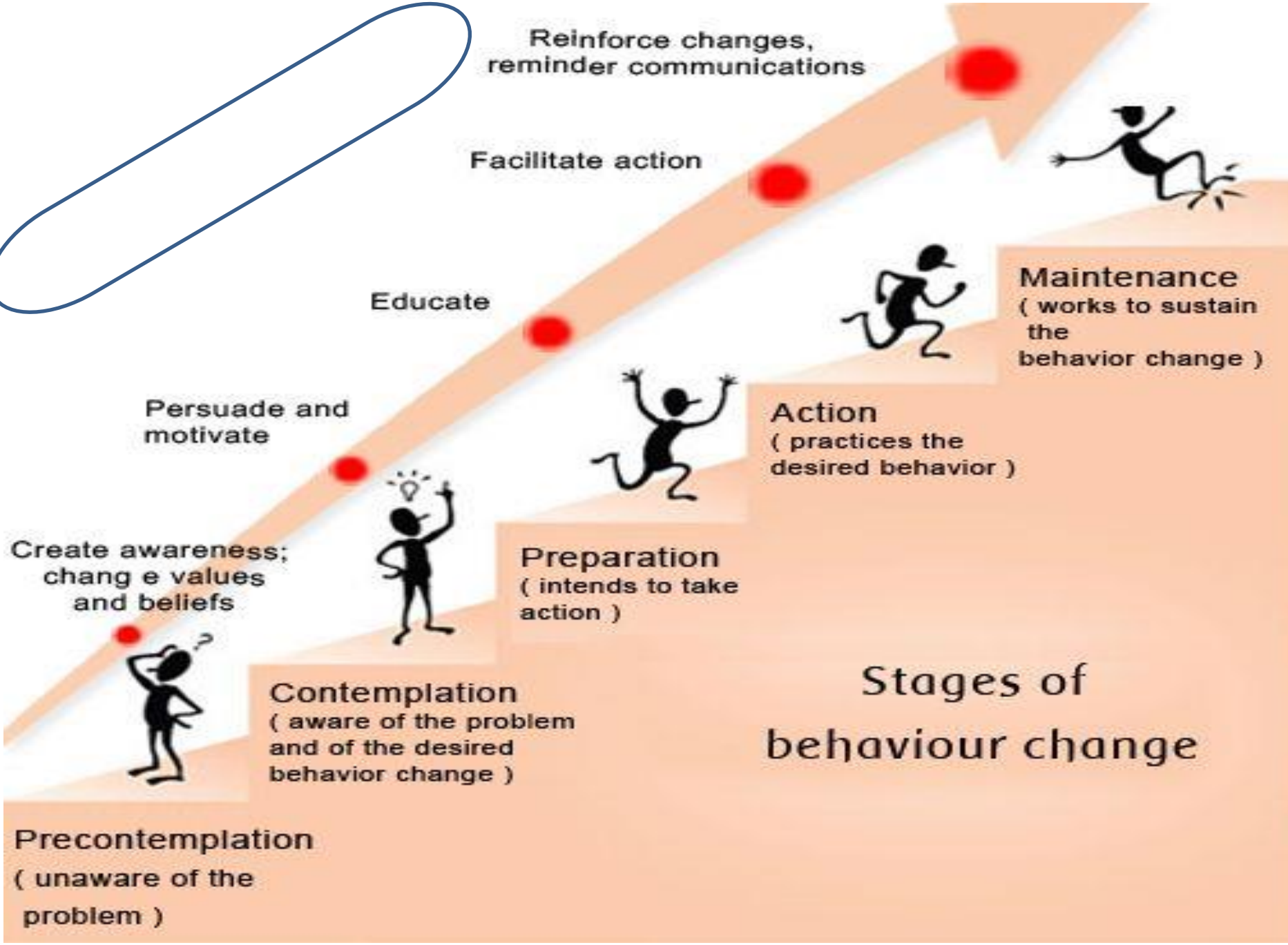
- HELP PEOPLE **UNDERSTAND** THEIR PROBLEMS BETTER
- HELP PEOPLE **MANAGE** THEIR PROBLEMS
- HELP TO **IMPOWER** CLIENTS/PATIENTS
- HELP PEOPLE TO **THINK POSITIVELY** ABOUT THEIR PROBLEMS
- HELP IN **CHANGING BEHAVIOR** POSITIVELY



# STAGES OF CHANGE



Based on Prochaska and DiClemente's model  
PHEPA Project (Prochaska, J.O. et al. 1986).



# Stages of behaviour change



# **APPROACHES/THEORIES**

# DIFFERENT APPROACHES / THEORIES

\* HUMANISISTIC

\* BEHAVIORAL

\* PSYCHODYNAMIC

# HUMANISTIC

- RECOGNIZE THE **UNIQUENESS OF EVERY INDIVIDUAL**
- EVERYONE HAS A CAPACITY TO GROW EMOTIONALLY AND PSYCHOLOGICALLY TOWARDS PERSONAL FULFILMENT
- MAKE DISTINCTION BETWEEN LIFE EVENTS **VS** RESPONSE TO LIFE EVENTS
- HELP PEOPLE TO **EXPLORE TEIR** OWN THOUGHTS AND WORK ON THEIR SOLUTIONS
- ENCOURAGES **SELF-AWARENESS** AND **SELF-REALIZATION**

# BEHAVIORAL APPROACH

- ENVIRONMENT DETERMINES BEHAVIOR
- RESPONSES TO A GIVEN SITUATION IS DUE TO BEHAVIOUR THAT HAS BEEN REINFORCED AS A CHILD
- Is based on the belief that behavior is learned and can be changed
- The initial concern in therapy is to help the client analyze behavior, define problems, and select goals.



# PHASES OF COUNSELLING

- DEFINING THE RELATIONSHIP
- GATHERING INFORMATION
- DESCRIBING THE PROBLEM DYNAMIC
- MAKING INTERVENTION AND ACTION

# DEFINING THE RELATIONSHIP

- INTRODUCE YOURSELF/ESTABLISH RAPPORT
- DEFINING THE OBJECTIVES AND ROLES
- THE SETTING AND SEATING
- ALLOW THE CLIENT/ PATIENT TO NEGOTIATE
- OBSERVATION SKILLS:
  - VERBAL AND NONVERBAL CUES
- SENSITIVITY AND RESPONSE TO EMOTIONS

# PHASES OF COUNSELLING

- DEFINING THE RELATIONSHIP
- GATHERING INFORMATION
- DESCRIBING THE PROBLEM DYNAMIC
- MAKING INTERVENTION AND ACTION



# GATHERING INFORMATION

- OBTAIN INFORMATION ABOUT THE CLIENT/PATIENT
- ATTEMPTED INTERVENTION
- ALLOW PATIENT/CLIENT TO **TALK FREELY AND EXPRESS HIMSELF**
- USE FACILITATIVE QUESTIONS (OPEN-ENDED)

**UNDERSTAND THE PTIENT,S WORLD**

# PHASES OF COUNSELLING

- DEFINING THE RELATIONSHIP
- GATHERING INFORMATION
- DESCRIBING THE PROBLEM DYNAMIC
- MAKING INTERVENTION AND ACTION

# DESCRIBING THE PROBLEM DYNAMIC

- THE FORMAL PHASE
- EXPLAIN YOUR UNDERSTANDING OF THE PROBLEM
- SHARING INFORMATION/UNDERSTANDING

# PHASES OF COUNSELLING

- DEFINING THE RELATIONSHIP
- GATHERING INFORMATION
- DESCRIBING THE PROBLEM DYNAMIC
- MAKING INTERVENTION AND ACTION

# MAKING INTERVENTION AND ACTION

HELP THE PATIENT/ CLIENT TO ANSWER THE  
QUESTIONS:

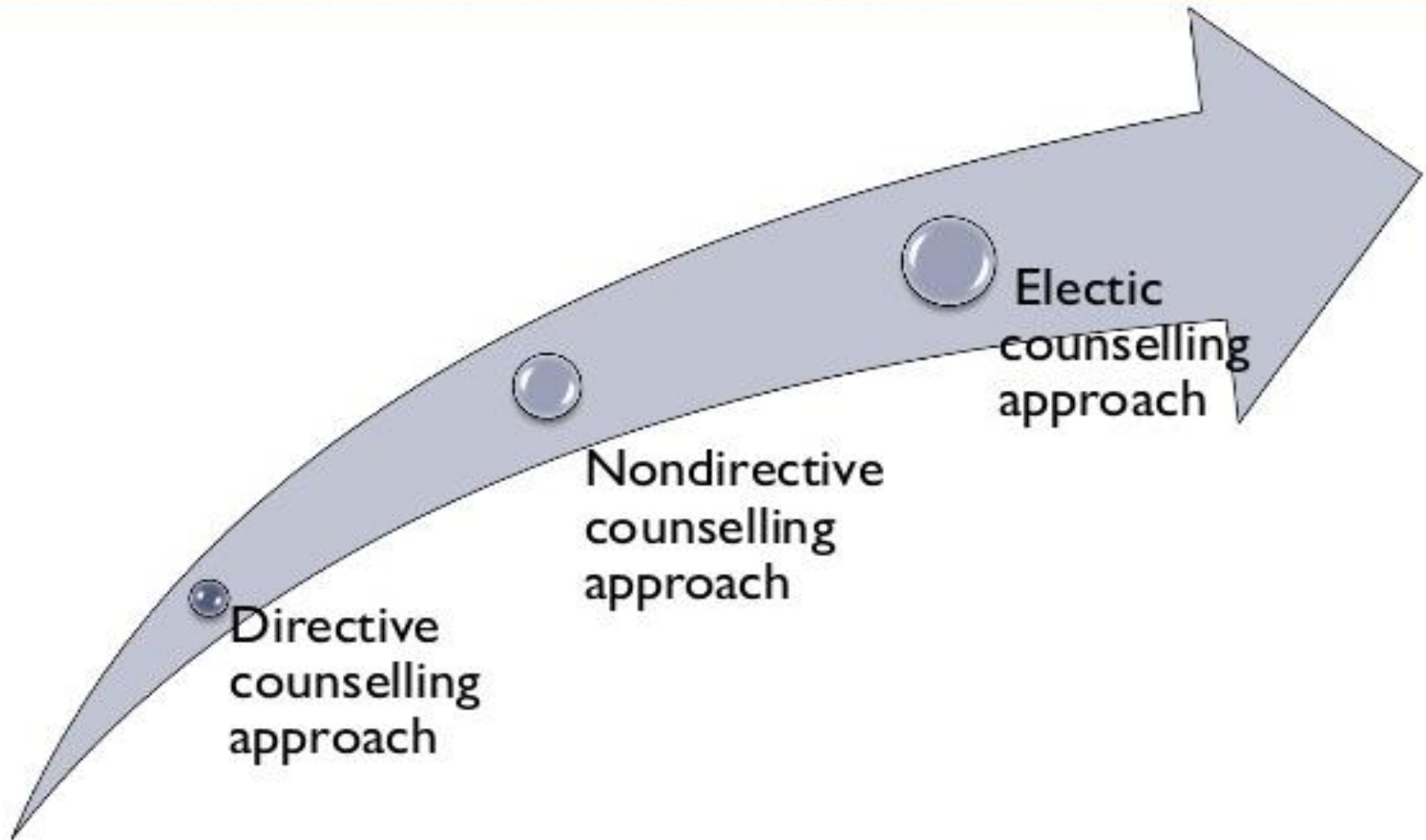
- WHAT DO I DO TO SOLVE THE PROBLEM?
- HOW DO I MAKE IT HAPPEN?

AND ALSO ....

- COUNSELOR IS SUPPORTIVE/ AGENT OF CHANGE....BUT NON-DIRECTIVE

# STYLES OF COUNSELLING

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# DIRECTIVE

- COUNSELLOR-CENTERED
- THE COUNSELOR DIRECT THE PATIENT/CLIENT
- ALLOW THE COUNSELOR TO CONTROL THE SITUATION ALL THE WAY THROUGH



# NON-DIRECTIVE



- PATIENT/CLIENT-CENTERED
- ALLOW CLIENT/PATIENT TO TELL HIS STORY IN HIS OWN WAY
- THE ROLE OF THE COUNSELLOR IS TO **CREATE AN ATMOSPHERE** IN WHICH THE CLIENT CAN EXPRESS HIMSELF MORE FREELY
- **STRESS ON EMOTIONAL ELEMENTS AND DEVELOPMENT OF INSIGHT**



# ECLETIC(SELECTIVE)/COMBINATION

- ALTERNATING BETWEEN PATIENT-CENTERED AND COUNSELLOR-CENTERED STYLES
- CLIENT-SPECIFIC ( TAILORED ACCORDING TO SITUATION AND CLIENT)

# VALUES IN COUNSELLING

- RESPECT
- ACCEPTANCE
- RESPECT RIGHTS: PRIVACY,CONFIDENTIALITY
- RESPECT UNIQUENESS OF EACH CLIENT
- HONESTY
- REFRAIN FROM JUDGMENT ????



**Table 2. Five A's: A Brief Intervention for Addressing Health Risk Behavior**

<i>Five A's</i>	<i>Physician intervention</i>
<b>Ask</b>	<p>"How often do you drink alcohol?" "How much do you smoke?" "How often do you exercise?" Administer self-report questionnaire.</p>
<b>Advise</b>	<p>"As your doctor, I strongly recommend that you quit smoking/quit drinking/initiate regular exercise. It is one of the most important things you can do for your health." Briefly describe patient-relevant risks of continuing the behavior and the benefits of changing. Provide written educational material to reinforce your message. Do not admonish the patient.</p>
<b>Assess</b>	<p>"Are you ready to quit drinking/quit smoking/initiate exercise in the next 30 days? I can help you with this change."</p>
<b>Assist</b>	<p>"Quitting smoking/drinking can be a real challenge. Pharmacotherapy/community resources/spousal support may help." Develop a clearly stated action plan; write it down and make a copy for the patient and for the patient's chart.</p>
<b>Arrange</b>	<p>"I'd like to see you again in two weeks. A nurse will call you next week to see how the plan is going."</p>

*Information from references 13 and 14.*

# COUNSELLING IS NOT...

- ADVICE
- JUDGMENT
- GETTING EMOTIONALLY INVOLVED
- LOOK AT THE PROBLEM FROM YOUR PERSPECTIVE
- IS NOT MAGIC THAT WILL RESOLVE ALL THE PROBLEMS

# COUNSELLING IN PRACTICE





Thank  
You



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السلامة